

BEST AVAILABLE COPY

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
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11		1		1		
12	1		1			
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40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45		1		1		
46		1		1		
47		1		1		
48						
49						
50						
TOTAL IND.	15	↓	15	↓		↓
TOTAL DEP.	32		32			
TOTAL CLAIMS	47		47			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS